

PART B - FEE(S) TRANSMITTAL

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40581 7590 06/29/2011
CRAWFORD MAUNU PLLC
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Kelly S. Waltigney	(Depositor's name)
<i>Kelly S. Waltigney</i>	(Signature)
September 29, 2011	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/692,297	10/23/2003	John M. Cioffi	STFD.060PA (S02-085)	1138

TITLE OF INVENTION: CONCURRENT FREQUENCY-SHARING MULTI-USER COMMUNICATION SYSTEM WITH RATE ALLOCATION APPROACH

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755 \$1740	\$0	\$0	\$1740 \$755	09/29/2011

EXAMINER	ART UNIT	CLASS-SUBCLASS
LEVITAN, DMITRY	2461	370-203000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Crawford Maunu PLLC

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

The Board of Trustees of the
 Leland Stanford Junior University

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Palo Alto, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0996 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date September 29, 2011

Typed or printed name Robert J. Crawford

Registration No. 32,122

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